

09 FEB 2000

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101541246

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21	/					
22		/				
23	/					
24		/				
25		/				
26	/					
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33	/					
34		/				
35	/					
36		/				
37		/				
38		/				
39		/				
40		/				
41	/					
42		/				
43		/				
44		/				
45		/				
46	/					
47		/				
48		/				
49		/				
50	/					
TOTAL IND.	13		↓		↓	↓
TOTAL DEP.	72	↔		↔		↔
TOTAL CLAIMS	85	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53			/			
54			/			
55			/			
56			/			
57			/			
58			/			
59			/			
60			/			
61			/			
62			/			
63			/			
64			/			
65			/			
66			/			
67			/			
68			/			
69			/			
70			/			
71			/			
72			/			
73			/			
74			/			
75			/			
76			/			
77			/			
78			/			
79			/			
80			/			
81			/			
82			/			
83			/			
84			/			
85			/			
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]